

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE SUPERFUND		FEC IDENTIFICATION NUMBER ▼ C C00533992	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee AINSLEY SHEA			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 213 EAST FOURTH ST			Amount 750.00		
City ST PAUL	State MN	Zip Code 55101			
Purpose of Expenditure BANNER & WEB AD CREATION & PRODUCTION		Category/ Type 004	Transaction ID : SE.4339 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate BOB SMITH <div style="display: flex; justify-content: flex-end; align-items: center;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: flex-end; align-items: center;"> <div>MM / DD / YYYY / / </div> <div>13750.00</div> </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee CAMPAIGN GRID			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 400 FIRST STREET SE			Amount 2000.00		
City WASHINGTON	State DC	Zip Code 20003			
Purpose of Expenditure WEB ADS (RUN DATES 9/05 - 9/09/2014)		Category/ Type 004	Transaction ID : SE.4338 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate BOB SMITH <div style="display: flex; justify-content: flex-end; align-items: center;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: flex-end; align-items: center;"> <div>MM / DD / YYYY / / </div> <div>13000.00</div> </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY
 09 / 06 / 2014

Signature